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Dispassionate analysis of the evidence

All *Prescrire*'s assessments are based on dispassionate, rigorous analyses of all available data, with the emphasis on patients' best interests.

Sometimes this approach leads *Prescrire* editors to the conclusion that a new drug should not have been approved or should not be used, either because it is too harmful or because a better option is available. Alternatively, we may conclude that a drug can help patients without disproportionate harms, in which case we state it explicitly in our reviews, and sometimes this drug is eligible for our yearly Pilule d'Or (Golden Pill) Awards.

When a drug company withholds key information, we state it explicitly. When, on the contrary, a company fulfils its duty to provide thorough information, we inform our readers and sometimes mention the company in our yearly Information Awards.

Each topic is approached dispassionately, without prejudices.

Likewise, when clinical practice guidelines issued by the French National Authority for Health (*Haute autorité de Santé*, HAS) are more harmful than helpful, we have a duty to warn our readers. This is crucial, as healthcare professionals and stakeholders such as insurance providers might take these guidelines at face value, and use them to produce health-

care references or benchmarks. But when HAS guidelines are fully supported by the evidence, we are only too happy to inform our readers that they can use these guidelines with confidence to improve their personal practice, in their patients' best interests.

HAS recently assessed "certification" procedures and the impact of the Medical Sales Charter (*Charte de la visite médicale*) that was signed in 2004 between the French Pharmaceutical Companies Association (LEEM) and the French drug pricing authorities. This charter, like so many others, offers little guarantee of the quality or utility. The HAS assessed the information provided by sales representatives to healthcare professionals, with a good deal of lucidity and a touch of humour. They came to much the same conclusions as those reached *Prescrire*'s own sales reps monitoring network, which was disbanded after 15 years of activity (1).

We welcome this dispassionate analysis by HAS, which calls for clear recommendations on the need for independent medical education.

Likewise, *Prescrire* reviews in a dispassionate and rigorous manner the evidence on the utility of diagnostic and therapeutic tools, or of recommendations by health agencies for healthcare technology assessment.

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